



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration
James Randolph Farris, M.D.
Regional Administrator

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April 24, 2001

Our Reference: WA-TX 0221.90.R1

Ms. Linda K. Wertz
State Medicaid Director
Texas Health and Human Services Commission
Post Office Box 13247
Austin, Texas 78711

Dear Ms. Wertz:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services Waiver (HCBSW) No. 0221.90.03 for individuals with related conditions under the Community Living and Self Support (CLASS) program has been approved. As authorized by Section 1915(c) of the Social Security Act, this HCBSW program provides an array of home and community-based services as an alternative to institutionalization in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). This renewal has been assigned control number 0221.90.R1 which should be used in all future correspondence regarding the program.

Specifically, you submitted a request to provide case management, respite care, habilitation, environmental accessibility adaptations, specialized medical equipment and supplies, skilled nursing, specialized therapy, physiological services and extended State plan services (physical therapy, occupational therapy and speech, hearing and language).

Based upon the assurances and information that you provided, I approve the renewal request cited for a 5-year period effective with September 1, 1999. The temporary extensions granted on this waiver are subsumed into the waiver renewal.

The approval is subject to your agreement to serve no more individuals than those indicated in your Factor "C" in your approved per capita expenditures estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the 5 years of the waiver program.

The following estimates of utilization and cost of waivers services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor "D"</u>
1	1,293	\$25,020
2	1,501	\$25,792
3	1,506	\$28,589
4	1,506	\$29,586
5	1,506	\$30,627

For your convenience, a copy of the approved renewal package is included with this correspondence. If you have any questions, please contact Cheryl Rupley at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Acting Director, Center for Medicaid and State Operations